

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OTC 5/22/11

PRINTED: 04/07/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/07/2011
NAME OF PROVIDER OR SUPPLIER HOLSTON HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3916 BOYDS BRIDGE PIKE KNOXVILLE, TN 37914	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, policy review, and interview, the facility failed to thoroughly investigate an injury of unknown origin for one resident (#1) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on November 1, 2010, with diagnoses including Myocardial Infarction, Pneumonia, and Dysphagia and discharged February 1, 2011.</p> <p>Medical record review of the Minimum Data Set dated January 29, 2011, revealed the resident had long and short term memory problems and required extensive assistance of two persons for transfers and ambulation.</p> <p>Medical record review of a Nurse's noted dated January 17, 2011, revealed, "private sitter notified this Nurse (patient had a scratch on bridge of nose and bruising under L(left) eye ...ADON (Assistant Director of Nursing) notified ..."</p>	F 226	<p>Credible allegation of compliance: F 226</p> <ol style="list-style-type: none"> 1. Resident #1 was discharged on February 1, 2011. Therefore, no corrective actions can be completed. 2. Facility will audit incident reports to ensure that there are no other injuries of unknown origin currently in the facility. If facility finds an injury of unknown origin, facility will thoroughly investigate injury by interviewing everyone who had contact with that patient at a minimum of 24 hours before and after first sign of injury. The list of interviews will include, but not limited to, the following: Holston's employees, hired sitters, family members, services provided by other companies, and other patients. 3. The DON and/or ADON will monitor all incident reports for injuries of unknown origin. When an injury of unknown origin occurs, DON will report it to Administrator and ensure that a thorough investigation occurs. The facility will thoroughly investigate injury by interviewing everyone who had contact with that patient at a minimum of 24 hours before and 	<p>4/14/11</p> <p>4/29/11</p> <p>4/29/11</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

K. McDonald

Administrator

April 14, 2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

APR 15 2011

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F 226	Continued From page 1 Medical record review of the Nurse's note dated January 17, 2011, " ...reported to me that this resident had a bruise on nose and Lt (left) side of face ... daughter at bedside ...offered to send to ER and (daughter) declined stating have MD see (resident) in AM" Medical record review of the X-ray report dated January 18, 2011, revealed " ...Minimally displaced nasal bone fracture ..." Medical record review of the facility documentation dated January 16, 2011, revealed " ...bruising noted under L(left) eye (and) nose ...pt(patient) has 24hr/day sitter 7 day/(week) ..." Review of the facility abuse policy revealed " ...All events reported as possible abuse, neglect or misappropriation of patient property will be investigated ..." Telephone interview with Certified Nursing Assistant (CNA) #1 on March 24, 2011 at 3:37 p.m., confirmed on January 16, 2011, at approximately 4:00 p.m. the resident's private sitter reported the bruising and swelling to the resident's face, and CNA #1 reported this to the Charge Nurse. Telephone interview with Licensed Practical	F 226	after first sign of injury. The list of interviews will include, but not be limited to, the following: Holston's employees, hired sitters, family members, services provided by other companies, and other patients. If the investigation is inconclusive, the facility will report the injury of unknown origin to the State Agency. 4. All investigations into injuries of unknown origin will be reported and discussed at the monthly QA committee meeting.		4/29/11

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F 226	<p>Continued From page 2</p> <p>Nurse #1 (on duty January 16, 2011, from 7: 00 a.m., to 3:00 p.m.) on April 6, 2011, at 9:30 a.m., confirmed was interviewed by the Director of Nursing by telephone but denies knowledge of any reported falls or incidents.</p> <p>Telephone interview with CNA #2 (on duty January 16, 2011, from 7:00 a.m., to 3:00 p.m.) on April 6, 2011, at 9:40 a.m., denies any knowledge of any falls or incident with this resident.</p> <p>Telephone interview with private sitter #1 on April 6, 2011, at 11:10 a.m., was reported to sitter #1 on January 16, 2011, that the resident had a nose bleed on the evening of January 15, 2011, and did not note any bruising. Continued interview revealed on Monday January 17, 2011, bruising and swelling noted to face and the facility nurse was notified and also provider of the sitters was notified. Further interview confirmed sitter #1 denies any knowledge of any falls or incident with the resident.</p> <p>Telephone interview with sitter #2 on April 6, 2011, at 11:25 a.m., confirmed did note swelling and bruising to the face and nose on the afternoon of January 16, 2011, and this was reported to CNA#1.</p> <p>Telephone interview with sitter #3 on April 6, 2011, at 1:25 p.m., confirmed worked the evening of January 15, 2011, and no bruise or swelling noted to the face and confirms the resident had a</p>	F 226			

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F 226	<p>Continued From page 3</p> <p>history of becoming agitated and combative, but denies any knowledge of any fall or incident.</p> <p>Telephone interview with sitter #4 on April 7, 2011, at 10:55 a.m., revealed sitter #4 began to sit with the resident after the injury and has no knowledge of any fall or incident.</p> <p>Telephone interview with the Director of Nursing on April 7, 2011, at 12:45 p.m., confirmed on January 16, 2011, bruising under left eye and swelling were noted to the nose, an x-ray was obtained on January 18, 2011, and revealed a nasal fracture. Continued interview confirmed, the resident received sitters 24 hours a day 7 days a week. Further interview confirmed no written statements were obtained from the previous night shift staff, the sitter service was notified, however the facility did not interview or obtain written statements from the sitters that cared for the resident, the investigation of the injury of unknown origin was not thorough, and the facility did not report the injury of unknown origin to the State Agency.</p> <p>c/o 27655</p>	F 226		

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